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PTO/SB/05 (4/98)  
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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><i>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</i> | Attorney Docket No.                      | 2961-01                                   |
|  | First Inventor or Application Identifier | Robert W. Cain                            |
|  | Title                                    | Mineral Gear Oils and Transmission Fluids |
|  | Express Mail Label No.                   | EK347076376US                             |

|   |  |
|---|--|
| <b>APPLICATION ELEMENTS</b><br><i>See MPEP chapter 600 concerning utility patent application contents.</i>  | <b>ADDRESS TO:</b><br>Assistant Commissioner for Patents<br>Box Patent Application<br>Washington, DC 20231   |
| 1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17)<br><i>(Submit an original and a duplicate for fee processing)</i><br>2. <input checked="" type="checkbox"/> Specification [Total Pages <b>80</b> ]<br><i>(preferred arrangement set forth below)</i><br>- Descriptive title of the Invention<br>- Cross References to Related Applications<br>- Statement Regarding Fed sponsored R & D<br>- Reference to Microfiche Appendix<br>- Background of the Invention<br>- Brief Summary of the Invention<br>- Brief Description of the Drawings (if filed)<br>- Detailed Description<br>- Claim(s)<br>- Abstract of the Disclosure<br>3. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <input type="text"/> ]<br>4. Oath or Declaration [Total Pages <input ]<br="" type="text"/> a. <input type="checkbox"/> Newly executed (original or copy)<br>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d))<br><i>(for continuation/divisional with Box 16 completed)</i><br>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). | 5. <input type="checkbox"/> Microfiche Computer Program (Appendix)<br>6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission<br><i>(if applicable, all necessary)</i><br>a. <input type="checkbox"/> Computer Readable Copy<br>b. <input type="checkbox"/> Paper Copy (identical to computer copy)<br>c. <input type="checkbox"/> Statement verifying identity of above copies |
| <b>ACCOMPANYING APPLICATION PARTS</b>   |  |
| 7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))<br>8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement of Power of Attorney<br><i>(when there is an assignee)</i><br>9. <input type="checkbox"/> English Translation Document (if applicable)<br>10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 [Copies of IDS Citations <input ]<br="" type="text"/> 11. <input type="checkbox"/> Preliminary Amendment<br>12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br><i>(Should be specifically itemized)</i><br>13. <input type="checkbox"/> * Small Entity Statement(s) filed in prior application, Status still proper and desired<br><i>(PTO/SB/09-12)</i><br>14. <input type="checkbox"/> Certified Copy of Priority Document(s)<br><i>(if foreign priority is claimed)</i><br>15. <input checked="" type="checkbox"/> Other: <b>Certificate of Mailing</b><br><b>Letter Identifying Inventors</b>  |  |
| <b>NOTE FOR ITEMS 1 &amp; 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).</b>  |  |

16. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. **60** / **135.484**

Prior application information: Examiner \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_

**For CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS**

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|         |                          |           |              |          |              |
|---------|--------------------------|-----------|--------------|----------|--------------|
| Name    | Patent Administrator     |           |              |          |              |
|         | The Lubrizol Corporation |           |              |          |              |
| Address | 29400 Lakeland Boulevard |           |              |          |              |
| City    | Wickliffe                | State     | OH           | Zip Code | 44092-2298   |
| Country |                          | Telephone | 216-621-1113 | Fax      | 216-621-6165 |

|                   |                         |                                   |           |
|-------------------|-------------------------|-----------------------------------|-----------|
| Name (Print/Type) | William C. Tritt        | Registration No. (Attorney/Agent) | 32,510    |
| Signature         | <i>William C. Tritt</i> | Date                              | 5/24/2000 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

|  |                |   |  |                    |  |             |          |                      |                |               |  |                  |  |                     |         |
|--|----------------|---|--|--------------------|--|-------------|----------|----------------------|----------------|---------------|--|------------------|--|---------------------|---------|
| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <p style="margin: 0; font-size: small;">Patent fees are subject to annual revision on October 1.<br/>These are the fees effective November 10, 1998.<br/>Small Entity payments <u>must</u> be supported by a small entity statement,<br/>otherwise large entity fees must be paid. See Forms PTO/SB/09-12.<br/>See 37 C.F.R. §§ 1.27 and 1.28.</p> |                | <p><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td style="width: 50%;"></td> </tr> <tr> <td>Filing Date</td> <td style="text-align: center;">Herewith</td> </tr> <tr> <td>First Named Inventor</td> <td style="text-align: center;">Robert W. Cain</td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> <tr> <td>Group / Art Unit</td> <td></td> </tr> <tr> <td>Attorney Docket No.</td> <td style="text-align: center;">2961-01</td> </tr> </table> |  | Application Number |  | Filing Date | Herewith | First Named Inventor | Robert W. Cain | Examiner Name |  | Group / Art Unit |  | Attorney Docket No. | 2961-01 |
| Application Number   |                |   |  |                    |  |             |          |                      |                |               |  |                  |  |                     |         |
| Filing Date  | Herewith       |   |  |                    |  |             |          |                      |                |               |  |                  |  |                     |         |
| First Named Inventor   | Robert W. Cain |   |  |                    |  |             |          |                      |                |               |  |                  |  |                     |         |
| Examiner Name  |                |   |  |                    |  |             |          |                      |                |               |  |                  |  |                     |         |
| Group / Art Unit   |                |   |  |                    |  |             |          |                      |                |               |  |                  |  |                     |         |
| Attorney Docket No.  | 2961-01        |   |  |                    |  |             |          |                      |                |               |  |                  |  |                     |         |
| TOTAL AMOUNT OF PAYMENT  | (\$)           | 972.00  |  |                    |  |             |          |                      |                |               |  |                  |  |                     |         |

| <p><b>METHOD OF PAYMENT (check one)</b></p> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to</p> <p>Deposit Account Number: <span style="border: 1px solid black; padding: 2px;">12-2275</span></p> <p>Deposit Account Name: <span style="border: 1px solid black; padding: 2px;">The Lubrizol Corporation</span></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 C.F.R. §§ 1.16 and 1.17      <input type="checkbox"/> Charge the Issue Fee Set in 37 C.F.R. § 1.18 at the Mailing of the Notice of Allowance</p> <p>2. <input type="checkbox"/> Payment Enclosed:<br/> <input type="checkbox"/> Check    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p> <p style="text-align: center;"><b>FEE CALCULATION</b></p> <p><b>1. BASIC FILING FEE</b></p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>101 690</td> <td>201 345</td> <td>Utility filing fee</td> <td style="text-align: center;">690</td> </tr> <tr> <td>106 310</td> <td>206 155</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107 480</td> <td>207 240</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108 690</td> <td>208 345</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114 150</td> <td>214 75</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td style="text-align: center;">(\$)<br/>690</td> </tr> </tbody> </table> <p><b>2. EXTRA CLAIM FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>27</td> <td>-20** = 7</td> <td>18</td> <td>126</td> </tr> <tr> <td>5</td> <td>-3** = 2</td> <td>78</td> <td>156</td> </tr> <tr> <td colspan="2">Multiple Dependent</td> <td>260</td> <td>0</td> </tr> </tbody> </table> <p><small>**or number previously paid, if greater; For Reissues, see below</small></p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr> <td>103 18</td> <td>203 9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>102 78</td> <td>202 39</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>104 260</td> <td>204 130</td> <td>Multiple dependent claim, if not paid</td> </tr> <tr> <td>109 78</td> <td>209 39</td> <td>** Reissue independent claims over original patent</td> </tr> <tr> <td>110 18</td> <td>210 9</td> <td>** Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="2" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td style="text-align: center;">(\$)<br/>282</td> </tr> </tbody> </table> | Large Entity Fee Code (\$) | Small Entity Fee Code (\$)   | Fee Description                          | Fee Paid | 101 690 | 201 345 | Utility filing fee | 690 | 106 310 | 206 155 | Design filing fee |  | 107 480 | 207 240 | Plant filing fee |  | 108 690 | 208 345 | Reissue filing fee |  | 114 150 | 214 75 | Provisional filing fee |  | <b>SUBTOTAL (1)</b> |  |  | (\$)<br>690 | Total Claims | Extra Claims | Fee from below | Fee Paid | 27 | -20** = 7 | 18 | 126 | 5 | -3** = 2 | 78 | 156 | Multiple Dependent |  | 260 | 0 | Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | 103 18 | 203 9 | Claims in excess of 20 | 102 78 | 202 39 | Independent claims in excess of 3 | 104 260 | 204 130 | Multiple dependent claim, if not paid | 109 78 | 209 39 | ** Reissue independent claims over original patent | 110 18 | 210 9 | ** Reissue claims in excess of 20 and over original patent | <b>SUBTOTAL (2)</b> |  | (\$)<br>282 | <p><b>3. ADDITIONAL FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105 130</td><td>205 65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127 50</td><td>227 25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139 130</td><td>139 130</td><td>Non-English specification</td><td></td></tr> <tr><td>147 2,520</td><td>147 2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>112 920*</td><td>112 920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113 1,840*</td><td>113 1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115 110</td><td>215 55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116 380</td><td>216 190</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117 870</td><td>217 435</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118 1,360</td><td>218 680</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128 1,850</td><td>228 925</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119 300</td><td>219 150</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120 300</td><td>220 150</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121 260</td><td>221 130</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138 1,510</td><td>138 1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140 110</td><td>240 55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141 1,210</td><td>241 605</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142 1,210</td><td>242 605</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143 430</td><td>243 215</td><td>Design issue fee</td><td></td></tr> <tr><td>144 580</td><td>244 290</td><td>Plant issue fee</td><td></td></tr> <tr><td>122 130</td><td>122 130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123 50</td><td>123 50</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>126 240</td><td>126 240</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581 40</td><td>581 40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>146 690</td><td>246 345</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>149 690</td><td>249 345</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td></td></tr> <tr> <td colspan="3" style="text-align: right;"><b>SUBTOTAL (3)</b></td> <td style="text-align: center;">(\$)<br/>Reduced by Basic Filing Fee Paid</td> </tr> </tbody> </table> | Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid | 105 130 | 205 65 | Surcharge - 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unintentional |  | 142 1,210 | 242 605 | Utility issue fee (or reissue) |  | 143 430 | 243 215 | Design issue fee |  | 144 580 | 244 290 | Plant issue fee |  | 122 130 | 122 130 | Petitions to the Commissioner |  | 123 50 | 123 50 | Petitions related to provisional applications |  | 126 240 | 126 240 | Submission of Information Disclosure Stmt |  | 581 40 | 581 40 | Recording each patent assignment per property (times number of properties) |  | 146 690 | 246 345 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 149 690 | 249 345 | For each additional invention to be examined (37 CFR 1.129(b)) |  | Other fee (specify) _____ |  |  |  | Other fee (specify) _____ |  |  |  | <b>SUBTOTAL (3)</b> |  |  | (\$)<br>Reduced by Basic Filing Fee Paid |
|--|----------------------------|--|--|----------|---------|---------|--------------------|-----|---------|---------|-------------------|--|---------|---------|------------------|--|---------|---------|--------------------|--|---------|--------|------------------------|--|---------------------|--|--|-------------|--------------|--------------|----------------|----------|----|-----------|----|-----|---|----------|----|-----|--------------------|--|-----|---|----------------------------|----------------------------|-----------------|--------|-------|------------------------|--------|--------|-----------------------------------|---------|---------|---------------------------------------|--------|--------|--|--------|-------|--|---------------------|--|-------------|--|----------------------------|----------------------------|-----------------|----------|---------|--------|-------------------------------------|--|--------|--------|--|--|---------|---------|---------------------------|--|-----------|-----------|--|--|----------|----------|--|--|------------|------------|---|--|---------|--------|--|--|---------|---------|---|--|---------|---------|--|--|-----------|---------|---|--|-----------|---------|--|--|---------|---------|------------------|--|---------|---------|--|--|---------|---------|--------------------------|--|-----------|-----------|---|--|---------|--------|----------------------------------|--|-----------|---------|------------------------------------|--|-----------|---------|--------------------------------|--|---------|---------|------------------|--|---------|---------|-----------------|--|---------|---------|-------------------------------|--|--------|--------|---|--|---------|---------|---|--|--------|--------|--|--|---------|---------|---|--|---------|---------|--|--|---------------------------|--|--|--|---------------------------|--|--|--|---------------------|--|--|--|
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| 101 690  | 201 345                    | Utility filing fee   | 690                                      |          |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |    |           |    |     |   |          |    |     |                    |  |     |   |                            |                            |                 |        |       |                        |        |        |                                   |         |         |                                       |        |        |  |        |       |  |                     |  |             |  |                            |                            |                 |          |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |  |
| 106 310  | 206 155                    | Design filing fee  |  |          |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |    |           |    |     |   |          |    |     |                    |  |     |   |                            |                            |                 |        |       |                        |        |        |                                   |         |         |                                       |        |        |  |        |       |  |                     |  |             |  |                            |                            |                 |          |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |  |
| 107 480  | 207 240                    | Plant filing fee   |  |          |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |    |           |    |     |   |          |    |     |                    |  |     |   |                            |                            |                 |        |       |                        |        |        |                                   |         |         |                                       |        |        |  |        |       |  |                     |  |             |  |                            |                            |                 |          |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |  |
| 108 690  | 208 345                    | Reissue filing fee   |  |          |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |    |           |    |     |   |          |    |     |                    |  |     |   |                            |                            |                 |        |       |                        |        |        |                                   |         |         |                                       |        |        |  |        |       |  |                     |  |             |  |                            |                            |                 |          |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |  |
| 114 150  | 214 75                     | Provisional filing fee   |  |          |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |    |           |    |     |   |          |    |     |                    |  |     |   |                            |                            |                 |        |       |                        |        |        |                                   |         |         |                                       |        |        |  |        |       |  |                     |  |             |  |                            |                            |                 |          |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |  |
| <b>SUBTOTAL (1)</b>  |                            |  | (\$)<br>690                              |          |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |    |           |    |     |   |          |    |     |                    |  |     |   |                            |                            |                 |        |       |                        |        |        |                                   |         |         |                                       |        |        |  |        |       |  |                     |  |             |  |                            |                            |                 |          |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |  |
| Total Claims   | Extra Claims               | Fee from below   | Fee Paid                                 |          |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |    |           |    |     |   |          |    |     |                    |  |     |   |                            |                            |                 |        |       |                        |        |        |                                   |         |         |                                       |        |        |  |        |       |  |                     |  |             |  |                            |                            |                 |          |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |  |
| 27   | -20** = 7                  | 18   | 126                                      |          |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |    |           |    |     |   |          |    |     |                    |  |     |   |                            |                            |                 |        |       |                        |        |        |                                   |         |         |                                       |        |        |  |        |       |  |                     |  |             |  |                            |                            |                 |          |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |  |
| 5  | -3** = 2                   | 78   | 156                                      |          |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |    |           |    |     |   |          |    |     |                    |  |     |   |                            |                            |                 |        |       |                        |        |        |                                   |         |         |                                       |        |        |  |        |       |  |                     |  |             |  |                            |                            |                 |          |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |  |
| Multiple Dependent   |                            | 260  | 0  |          |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |    |           |    |     |   |          |    |     |                    |  |     |   |                            |                            |                 |        |       |                        |        |        |                                   |         |         |                                       |        |        |  |        |       |  |                     |  |             |  |                            |                            |                 |          |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |  |
| Large Entity Fee Code (\$)   | Small Entity Fee Code (\$) | Fee Description  |  |          |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |    |           |    |     |   |          |    |     |                    |  |     |   |                            |                            |                 |        |       |                        |        |        |                                   |         |         |                                       |        |        |  |        |       |  |                     |  |             |  |                            |                            |                 |          |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |  |
| 103 18   | 203 9                      | Claims in excess of 20   |  |          |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |    |           |    |     |   |          |    |     |                    |  |     |   |                            |                            |                 |        |       |                        |        |        |                                   |         |         |                                       |        |        |  |        |       |  |                     |  |             |  |                            |                            |                 |          |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |  |
| 102 78   | 202 39                     | Independent claims in excess of 3  |  |          |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |    |           |    |     |   |          |    |     |                    |  |     |   |                            |                            |                 |        |       |                        |        |        |                                   |         |         |                                       |        |        |  |        |       |  |                     |  |             |  |                            |                            |                 |          |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |  |
| 104 260  | 204 130                    | Multiple dependent claim, if not paid                                      |  |          |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |    |           |    |     |   |          |    |     |                    |  |     |   |                            |                            |                 |        |       |                        |        |        |                                   |         |         |                                       |        |        |  |        |       |  |                     |  |             |  |                            |                            |                 |          |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |  |
| 109 78   | 209 39                     | ** Reissue independent claims over original patent                         |  |          |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |    |           |    |     |   |          |    |     |                    |  |     |   |                            |                            |                 |        |       |                        |        |        |                                   |         |         |                                       |        |        |  |        |       |  |                     |  |             |  |                            |                            |                 |          |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |  |
| 110 18   | 210 9                      | ** Reissue claims in excess of 20 and over original patent                 |  |          |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |    |           |    |     |   |          |    |     |                    |  |     |   |                            |                            |                 |        |       |                        |        |        |                                   |         |         |                                       |        |        |  |        |       |  |                     |  |             |  |                            |                            |                 |          |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |  |
| <b>SUBTOTAL (2)</b>  |                            | (\$)<br>282  |  |          |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |    |           |    |     |   |          |    |     |                    |  |     |   |                            |                            |                 |        |       |                        |        |        |                                   |         |         |                                       |        |        |  |        |       |  |                     |  |             |  |                            |                            |                 |          |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |  |
| Large Entity Fee Code (\$)   | Small Entity Fee Code (\$) | Fee Description  | Fee Paid                                 |          |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |    |           |    |     |   |          |    |     |                    |  |     |   |                            |                            |                 |        |       |                        |        |        |                                   |         |         |                                       |        |        |  |        |       |  |                     |  |             |  |                            |                            |                 |          |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |  |
| 105 130  | 205 65                     | Surcharge - late filing fee or oath  |  |          |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |    |           |    |     |   |          |    |     |                    |  |     |   |                            |                            |                 |        |       |                        |        |        |                                   |         |         |                                       |        |        |  |        |       |  |                     |  |             |  |                            |                            |                 |          |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |  |
| 127 50   | 227 25                     | Surcharge - late provisional filing fee or cover sheet                     |  |          |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |    |           |    |     |   |          |    |     |                    |  |     |   |                            |                            |                 |        |       |                        |        |        |                                   |         |         |                                       |        |        |  |        |       |  |                     |  |             |  |                            |                            |                 |          |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |  |
| 139 130  | 139 130                    | Non-English specification  |  |          |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |    |           |    |     |   |          |    |     |                    |  |     |   |                            |                            |                 |        |       |                        |        |        |                                   |         |         |                                       |        |        |  |        |       |  |                     |  |             |  |                            |                            |                 |          |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |  |
| 147 2,520  | 147 2,520                  | For filing a request for reexamination                                     |  |          |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |    |           |    |     |   |          |    |     |                    |  |     |   |                            |                            |                 |        |       |                        |        |        |                                   |         |         |                                       |        |        |  |        |       |  |                     |  |             |  |                            |                            |                 |          |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |  |
| 112 920*   | 112 920*                   | Requesting publication of SIR prior to Examiner action                     |  |          |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |    |           |    |     |   |          |    |     |                    |  |     |   |                            |                            |                 |        |       |                        |        |        |                                   |         |         |                                       |        |        |  |        |       |  |                     |  |             |  |                            |                            |                 |          |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |  |
| 113 1,840*   | 113 1,840*                 | Requesting publication of SIR after Examiner action                        |  |          |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |    |           |    |     |   |          |    |     |                    |  |     |   |                            |                            |                 |        |       |                        |        |        |                                   |         |         |                                       |        |        |  |        |       |  |                     |  |             |  |                            |                            |                 |          |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |  |
| 115 110  | 215 55                     | Extension for reply within first month                                     |  |          |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |    |           |    |     |   |          |    |     |                    |  |     |   |                            |                            |                 |        |       |                        |        |        |                                   |         |         |                                       |        |        |  |        |       |  |                     |  |             |  |                            |                            |                 |          |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |  |
| 116 380  | 216 190                    | Extension for reply within second month                                    |  |          |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |    |           |    |     |   |          |    |     |                    |  |     |   |                            |                            |                 |        |       |                        |        |        |                                   |         |         |                                       |        |        |  |        |       |  |                     |  |             |  |                            |                            |                 |          |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |  |
| 117 870  | 217 435                    | Extension for reply within third month                                     |  |          |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |    |           |    |     |   |          |    |     |                    |  |     |   |                            |                            |                 |        |       |                        |        |        |                                   |         |         |                                       |        |        |  |        |       |  |                     |  |             |  |                            |                            |                 |          |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |  |
| 118 1,360  | 218 680                    | Extension for reply within fourth month                                    |  |          |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |    |           |    |     |   |          |    |     |                    |  |     |   |                            |                            |                 |        |       |                        |        |        |                                   |         |         |                                       |        |        |  |        |       |  |                     |  |             |  |                            |                            |                 |          |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |  |
| 128 1,850  | 228 925                    | Extension for reply within fifth month                                     |  |          |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |    |           |    |     |   |          |    |     |                    |  |     |   |                            |                            |                 |        |       |                        |        |        |                                   |         |         |                                       |        |        |  |        |       |  |                     |  |             |  |                            |                            |                 |          |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |  |
| 119 300  | 219 150                    | Notice of Appeal   |  |          |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |    |           |    |     |   |          |    |     |                    |  |     |   |                            |                            |                 |        |       |                        |        |        |                                   |         |         |                                       |        |        |  |        |       |  |                     |  |             |  |                            |                            |                 |          |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |  |
| 120 300  | 220 150                    | Filing a brief in support of an appeal                                     |  |          |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |    |           |    |     |   |          |    |     |                    |  |     |   |                            |                            |                 |        |       |                        |        |        |                                   |         |         |                                       |        |        |  |        |       |  |                     |  |             |  |                            |                            |                 |          |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |  |
| 121 260  | 221 130                    | Request for oral hearing   |  |          |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |    |           |    |     |   |          |    |     |                    |  |     |   |                            |                            |                 |        |       |                        |        |        |                                   |         |         |                                       |        |        |  |        |       |  |                     |  |             |  |                            |                            |                 |          |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |  |
| 138 1,510  | 138 1,510                  | Petition to institute a public use proceeding                              |  |          |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |    |           |    |     |   |          |    |     |                    |  |     |   |                            |                            |                 |        |       |                        |        |        |                                   |         |         |                                       |        |        |  |        |       |  |                     |  |             |  |                            |                            |                 |          |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |  |
| 140 110  | 240 55                     | Petition to revive - unavoidable   |  |          |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |    |           |    |     |   |          |    |     |                    |  |     |   |                            |                            |                 |        |       |                        |        |        |                                   |         |         |                                       |        |        |  |        |       |  |                     |  |             |  |                            |                            |                 |          |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |  |
| 141 1,210  | 241 605                    | Petition to revive - unintentional   |  |          |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |    |           |    |     |   |          |    |     |                    |  |     |   |                            |                            |                 |        |       |                        |        |        |                                   |         |         |                                       |        |        |  |        |       |  |                     |  |             |  |                            |                            |                 |          |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |  |
| 142 1,210  | 242 605                    | Utility issue fee (or reissue)   |  |          |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |    |           |    |     |   |          |    |     |                    |  |     |   |                            |                            |                 |        |       |                        |        |        |                                   |         |         |                                       |        |        |  |        |       |  |                     |  |             |  |                            |                            |                 |          |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |  |
| 143 430  | 243 215                    | Design issue fee   |  |          |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |    |           |    |     |   |          |    |     |                    |  |     |   |                            |                            |                 |        |       |                        |        |        |                                   |         |         |                                       |        |        |  |        |       |  |                     |  |             |  |                            |                            |                 |          |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |  |
| 144 580  | 244 290                    | Plant issue fee  |  |          |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |    |           |    |     |   |          |    |     |                    |  |     |   |                            |                            |                 |        |       |                        |        |        |                                   |         |         |                                       |        |        |  |        |       |  |                     |  |             |  |                            |                            |                 |          |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |  |
| 122 130  | 122 130                    | Petitions to the Commissioner  |  |          |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |    |           |    |     |   |          |    |     |                    |  |     |   |                            |                            |                 |        |       |                        |        |        |                                   |         |         |                                       |        |        |  |        |       |  |                     |  |             |  |                            |                            |                 |          |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |  |
| 123 50   | 123 50                     | Petitions related to provisional applications                              |  |          |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |    |           |    |     |   |          |    |     |                    |  |     |   |                            |                            |                 |        |       |                        |        |        |                                   |         |         |                                       |        |        |  |        |       |  |                     |  |             |  |                            |                            |                 |          |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |  |
| 126 240  | 126 240                    | Submission of Information Disclosure Stmt                                  |  |          |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |    |           |    |     |   |          |    |     |                    |  |     |   |                            |                            |                 |        |       |                        |        |        |                                   |         |         |                                       |        |        |  |        |       |  |                     |  |             |  |                            |                            |                 |          |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |  |
| 581 40   | 581 40                     | Recording each patent assignment per property (times number of properties) |  |          |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |    |           |    |     |   |          |    |     |                    |  |     |   |                            |                            |                 |        |       |                        |        |        |                                   |         |         |                                       |        |        |  |        |       |  |                     |  |             |  |                            |                            |                 |          |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |  |
| 146 690  | 246 345                    | Filing a submission after final rejection (37 CFR 1.129(a))                |  |          |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |    |           |    |     |   |          |    |     |                    |  |     |   |                            |                            |                 |        |       |                        |        |        |                                   |         |         |                                       |        |        |  |        |       |  |                     |  |             |  |                            |                            |                 |          |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |  |
| 149 690  | 249 345                    | For each additional invention to be examined (37 CFR 1.129(b))             |  |          |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |    |           |    |     |   |          |    |     |                    |  |     |   |                            |                            |                 |        |       |                        |        |        |                                   |         |         |                                       |        |        |  |        |       |  |                     |  |             |  |                            |                            |                 |          |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |  |
| Other fee (specify) _____  |                            |  |  |          |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |    |           |    |     |   |          |    |     |                    |  |     |   |                            |                            |                 |        |       |                        |        |        |                                   |         |         |                                       |        |        |  |        |       |  |                     |  |             |  |                            |                            |                 |          |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |  |
| Other fee (specify) _____  |                            |  |  |          |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |    |           |    |     |   |          |    |     |                    |  |     |   |                            |                            |                 |        |       |                        |        |        |                                   |         |         |                                       |        |        |  |        |       |  |                     |  |             |  |                            |                            |                 |          |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |  |
| <b>SUBTOTAL (3)</b>  |                            |  | (\$)<br>Reduced by Basic Filing Fee Paid |          |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |    |           |    |     |   |          |    |     |                    |  |     |   |                            |                            |                 |        |       |                        |        |        |                                   |         |         |                                       |        |        |  |        |       |  |                     |  |             |  |                            |                            |                 |          |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |                           |  |  |  |                           |  |  |  |                     |  |  |  |

|                       |                         |      |                |                                 |         |
|-----------------------|-------------------------|------|----------------|---------------------------------|---------|
| <b>SUBMITTED BY</b>   |                         |      |                | <b>Complete (if applicable)</b> |         |
| Typed or Printed Name | William C. Tritt        |      |                | Reg. Number                     | 32,510  |
| Signature             | <i>William C. Tritt</i> | Date | <i>5/24/00</i> | Deposit Account User ID         | 12-2275 |

**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

65-25-00

A



### CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that the attached patent application (along with any other paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on this date May 24, 2000, in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number EK347076376US addressed to the: Assistant Commissioner for Patents, Washington, D.C. 20231.

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CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that this paper and any documents referred to as enclosed or attached are being deposited with the United States Postal Service on this date May 24, 2000, in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number EK347076376US addressed to the: Assistant Commissioner for Patents, Washington, D.C. 20231.

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(Signature of Person Mailing Paper)

2961-01

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of

Robert W. Cain

Express Mail No. EK347076376US

Filed: Even Date Herewith

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:  
:  
:  
:

Group Art Unit:

Examiner:

For: MINERAL GEAR OILS AND TRANSMISSION FLUIDS

**LETTER**

Box Patent Application  
Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

The attached application is submitted herewith absent a Combined Declaration and Power of Attorney in accordance with 37 CFR §1.53(b) and (d).  
The inventors are as follows:

Robert W. Cain  
5235 Lynd Avenue  
Lyndhurst, Ohio 44124  
Citizenship: USA

It is requested that the Patent Office direct all correspondence  
regarding this application to:

Patent Administrator  
THE LUBRIZOL CORPORATION  
29400 Lakeland Boulevard  
Wickliffe, Ohio 44092-2298

Respectfully submitted,

**RENNER, OTTO, BOISSELLE & SKLAR, LLP**

By William C. Tritt  
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